

April-11-13 2:29:49 PM

Page 1

Stop \*NR2\*

[illegible]

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

**FAULT CATEGORY**

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

Work Order ID 99643

\*99643\*

Page 2

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Item ID: D2854

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: 3/4" Velcro Strip

Start Date: 4/11/13 Start Qty: 90.00

\*90\*

Cust Item ID:

Required Date: 4/11/13 Req'd Qty: 90.00

\*90\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start \*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop \*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

130

Identify as per dwg & Stock Location:

0.00

\*130\*

Packaging

Memo

*STY10*

0.00

Packaging

*143/4/29 (40)*

140

QC21- Final Inspection - Work Order Release

0.00

\*140\*

QC

Memo

0.00

Quality Control

*13/5/10*  
*MF*  
*13-4-29*

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

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Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
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Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY			
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other

# Picklist Print

April-11-13 2:29:49 PM

Page 1

Work Order ID: 99643

Parent Item: D2854

Parent Item Name: 3/4" Velcro Strip

Start Date: 4/11/13

Required Date: 4/11/13

Start Qty: 90.00

Required Qty: 90.00

Comments: IPP A 98.12.08 New Issue DM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D2854P 3/4" Velcro		Purchased	No			110	f	0.0000	1	90			

4/13/13 (90)

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

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		<input type="checkbox"/> Other



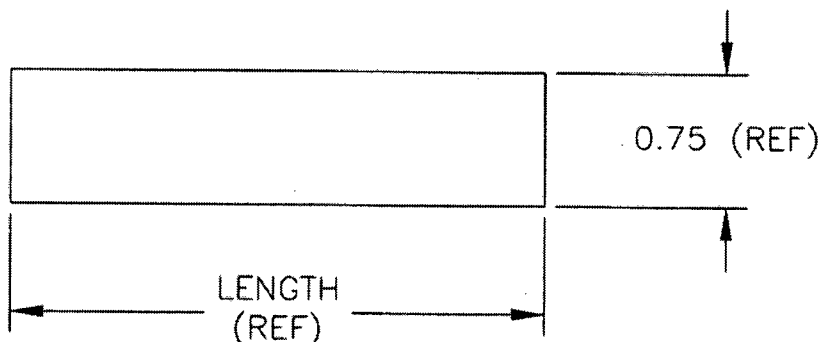
DESIGN <i>CP</i>	DRAWN BY <i>CP</i>	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
CHECKED <i>KE</i>	APPROVED <i>KE</i>	DRAWING NO. D2854	REV. A SHEET 1 OF 1
DATE 98.11.17		TITLE 3/4" VELCRO STRIP	SCALE 1:1
A	98.11.17	NEW ISSUE	

RELEASED  
48.11.20 KE

96443

13-04/16

## SPECIFICATION CONTROL DRAWING



MATERIAL: 3/4" WIDE BLACK VELCRO TAPE  
WITH ADHESIVE BACK

D2854-1-XXX LOOPED VELCRO STRIP ('SOFT')

D2854-3-XXX HOOKED VELCRO STRIP

LENGTH

EG: 2.5" LONG LOOPED VELCRO: D2854-1-025

30" LONG HOOKED VELCRO: D2854-3-300

~~UNDER REVIEW~~

04.10.27

OK 04.10.27



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID PO19687

Purchase Order Date 4/24/13

PO Print Date 4/25/13

Page Number 4 of 4

Order From :

VC-ULI001

ULINE SHIPPING SUPPLY SPECIALISTS  
BOX 3500, RPO STREETSVILLE  
MISSISSAUGA, ON L5M 0S8  
CANADA

Contact Name

Vendor Phone

1 800 295 5510

Vendor Fax

1 800 295 5571

Vendor Account Nbr

Buyer

Chantal Lavoie

Requisition Nbr

Tax Resale Nbr

10127-2607

Terms

Net 30

Currency

CAD

FOB

Destination-Collect

15	S-12645 ADJ TUBE 60-120	4/25/13	45.00	Day & Ross coll	\$16.6800	\$750.60
----	-------------------------	---------	-------	-----------------	-----------	----------

Yes

Each

Deliver To: PK

16	D2854P	3/4" Velcro	4/25/13	90.00	Day & Ross coll	\$1.4666	\$131.99
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Yes

f

Special Inst: AS PER DWG D2854 REV. A  
B99643  
ULINE P/N: S-5750

17	H-3554 SILVER GRILL	4/25/13	1.00	Day & Ross coll	\$0.0000	\$0.00
----	---------------------	---------	------	-----------------	----------	--------

Yes

Each

Deliver To: CHANTAL

PO Total: \$2,754.39

Change Nbr: 3

Change Date: 4/25/13

No substitution or deviation without consent.

Certificate of Conformity or Material Certification required - YES

NO





1-800-295-5510

uline.ca

60 Hereford Street, Brampton, Ontario, L6Y 0N3



0001609735

\*\*\*\*CONTINUED\*\*\*\*

1107756

SOLD TO:

SHIP TO:

DART AEROSPACE LTD  
1270 ABERDEEN ST  
HAWKESBURY  
CANADA

ON K6A 1K7

DART AEROSPACE LTD  
1270 ABERDEEN ST  
HAWKESBURY  
CANADA

ON K6A 1K7

PKG ID: 1609735

CUSTOMER NO.	PURCHASE ORDER NO.	SHIP VIA	ORDER DATE	TERMS	INVOICE DATE	CODE
9098031	19687	DAY AND RDS	4/24/13		4/24/13	KRUL

LOCATION	MODEL NUMBER	DESCRIPTION	QUANTITY		BACK ORDER
			ORDERED	U/M	
EW04EL	S-5750	3/4"X15' BLACK VELCRO STRIPS	6	EA	6
Q237K	S-3759 4	SUPER STICKER-DO NOT DBL STACK PLEASE NOTE CURRENT PRICING FOR ITEMS ON THIS ORDER.	1	RL	1
Q249D	S-606 X	4X6 ARROW LABEL (500/RL)	1	RL	1
Q249E	S-7397 X	3X5 LBL-DO NOT FORKLIFT 500/RL	1	RL	1
Q375A	S-12372 X	24X36 4MIL BAG ON ROLL 150/RL	1	RL	1
Q436AR	S-3267 X <K2>	2X110 CLR 2MIL ECON HM TAPE 36	72	RL	72
			2	CS	
Q637AR	H-157 X	2" TOP GUN TAPE DISP 24/CS	2	EA	2

\*\*\* REFER TO ABOVE WILL SHIP DATE ON BACK ORDERED ITEMS \*\*\*

RETURNS: WE HOPE YOU ARE HAPPY WITH THIS ORDER. HOWEVER, IF YOU NEED TO RETURN MERCHANDISE,  
PLEASE REFER TO THE BACK OF THIS FORM. THERE IS NO NEED TO CALL ULINE.

\*\*\*\*CONTINUED\*\*\*\*

C-0004

PACKING LIST